

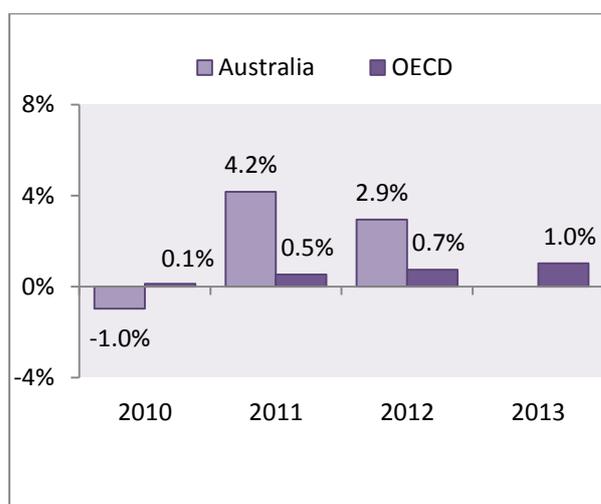
OECD Health Statistics 2015



OECD Health Statistics 2015 is the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries. Covering the period 1960 to 2014, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, as well as health expenditure and financing. OECD Health Statistics 2015 is available in OECD.Stat, the statistics portal for all OECD databases.

- ▶ **Growth:** Per capita health spending in Australia increased by 2.9% in 2012/13 compared with growth of less than 1% on average across the OECD. This follows growth of more than 4% the previous year.
- ▶ **Share of GDP:** The share of GDP allocated to health spending (excluding capital expenditure) in Australia was 8.8% in 2013, compared to an OECD average of 8.9%. This has grown steadily by almost a percentage point over the last ten years.
- ▶ **Per capita spending:** Australia spent the equivalent of USD 3866 per person on health in 2012/13, compared with an OECD average of USD 3453. Public sources accounted for 68% of overall health spending.

Figure 1. Annual health spending growth*, 2010-2013



Note: Australian data are for the financial year e.g. 2012 refers to 2012/13
* Per capita spending in real terms.
Source: OECD Health Statistics 2015

Health spending growth in Australia slows in 2012/13

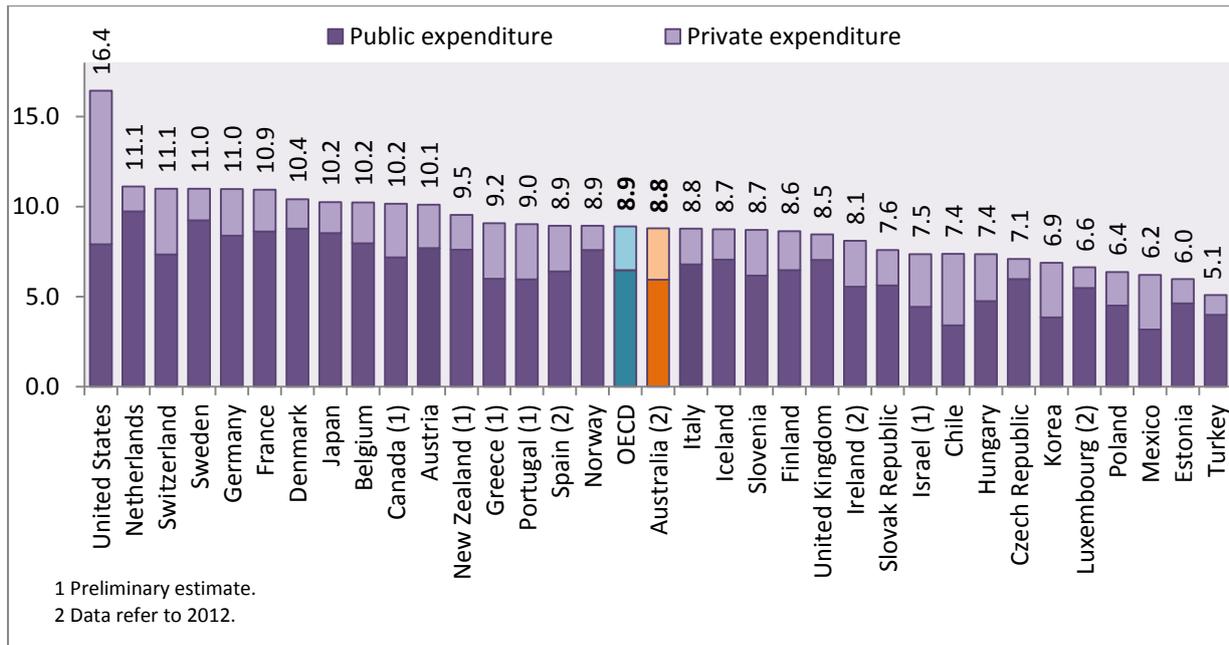
In 2012/13, per capita health spending in Australia increased by 2.9% in real terms, a decrease in the rate of growth compared to the previous year when health spending rose by 4.2%. Per capita health spending in Australia grew strongly during the 2000s, by close to 3%

per year on average. The average rate has slowed to less than 2% since 2009.¹

The slower growth in per capita health spending was primarily due to lower spending on inpatient care which fell by 1% in real terms in 2012/13. This compared with a 3.5% rise in outpatient spending (mainly GP care) and an 8% increase in private pharmaceutical spending. (Public spending on pharmaceuticals fell 2%.)

¹ The GDP deflator used to deflate health spending registered a strong rise in 2010/11 which helps explain the 1.0 real per capita fall in Fig. 1.

Figure 2. Health spending* as a share of GDP, 2013



* Excluding capital expenditure.
Source: OECD Health Statistics 2015

Health spending as a share of GDP in Australia remains close to the OECD average

Health spending in Australia (excluding investment expenditure in the health sector) was 8.8%ⁱ of GDP in 2013 (Figure 2), close to the OECD average of 8.9%. This has increased by about 1 percentage point since 2003, as health spending growth has generally outpaced growth in the Australian economy.

The share of the economy allocated to health spending in Australia is about the same as Italy (8.8%) and Norway (8.9%) but remains below the levels of countries in the region such as New Zealand and Japan (9.5% and 10.2% respectively).

The share of government spending in Australia as a share of total spending on health has remained stable over the

last ten years at around 68%. This is slightly above the OECD average of 73%. Among OECD countries, only the United States and Chile report public spending on health below 50%.

Out-of-pocket spending in Australia accounted for 20% of health spending in 2013 - close to the OECD average (19%). Compared with other western European countries such as Germany (14%), the United Kingdom (10%) and France (7%) the share of out-of-pocket spending in Australia is relatively high.

In per capita terms (adjusted for different price levels using economy-wide purchasing power parities), Australia spent USD 3866 per head in 2012/13. This compares with an OECD average of USD 3453 in 2013.

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Further Reading

Focus on health spending:
www.oecd.org/health/health-systems/Focus-Health-Spending-2015.pdf

OECD Health Statistics 2015:
www.oecd.org/health/health-data.htm

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ⁱ Note that Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services which may be counted as health expenditure in other OECD countries.